

The Governor's Office of Early Childhood Development
The Illinois Department of Human Services
and the
The Illinois Home Visiting Task Force
Announce
The Strong Foundations Partnership
Maternal, Infant and Early Childhood Home Visiting Program

Announcement of Communities

The Governor's Office of Early Childhood Development, the Illinois Department of Human Services and the Executive Committee of the Home Visiting Task Force have identified nine high-need communities to compete in Round 1 for funds to implement evidence-based home visiting and other services as a part of the Maternal, Infant and Early Childhood Home Visiting Program. This program was created by the federal Patient Protection and Affordable Care Act, also known as the health care reform act. The program is intended to promote a broad range of child and family outcomes, as well as improve service coordination and delivery across a number of early childhood programs. For a full description, see:

http://www.acf.hhs.gov/earlychildhood/docs/ACA_home_visiting_overview.pdf

BACKGROUND

The Home Visiting Task Force is a standing committee of Illinois' Early Learning Council. It includes the Governor's Office of Early Childhood Development, the Illinois Department of Human Services, the Illinois State Board of Education, Voices for Illinois Children, the Ounce of Prevention Fund and many others – including parents, researchers, home visiting service providers and other interested persons and organizations. These public- and private-sector partners are building upon the state-level infrastructure and the enhancements supported by the Strong Foundations grant. The partners have worked together to formulate Illinois' response to the federal Maternal, Infant and Early Childhood Home Visiting Program (MIECHVP). The Task Force is committed to implementing this new initiative and using these funds in a manner that will benefit the long-term development of home visiting in the state as a whole.

The Home Visiting Task Force has been working since June of 2010 on the implementation of this new federal initiative. A broad, state-level proposal was submitted by the Illinois Department of Human Services last July and was approved for funding. A needs assessment was completed last summer by Chapin Hall at the University of Chicago and submitted last September; additional information was prepared by Chapin Hall in January. These and other documents are posted on the web page of the Governor's Office of Early Child Development:

<http://www.earlychildhood.illinois.gov>

The Governor's Office is working with the other members of the Home Visiting Task Force to prepare the state's implementation plan, which is due June 8, 2011.

After a long and careful assessment and selection process, the Task Force identified nine communities as target areas for the first round of funding. The selection was based on a review of both quantitative indicators and qualitative criteria. The selected communities are:

1. Englewood, West Englewood and Greater Grand Crossing Community Areas in the city of Chicago;
2. The East Garfield Park and North Lawndale Community Areas in the city of Chicago;
3. Waukegan Township in Lake County;
4. Cicero Township in Cook County;
5. Thornton Township in Cook County;
6. The City of Elgin in Kane County;
7. The City of Rockford in Winnebago County;
8. Macon County; and
9. Vermilion County

The federal health care reform act which created the MIECHVP also appropriated an increasing amount of federal funds for the first four years of the initiative, with a total national commitment of \$1.5 billion over five years. As funding permits, the Home Visiting Task Force is committed to working with high need communities across the state to develop and integrate home visiting programs into coordinated community systems of services for families with young children.

SERVICES

The Home Visiting Task Force seeks to implement three integrated service components in two to four target communities during the first round of funding. The service components are:

1. A universal screening and coordinated intake system. This could begin with coordination among home visiting programs and expand to include other early childhood services to ensure that every family who is expecting or has a newborn is screened for service needs and referred to appropriate community providers.
2. An evidence-based home visiting program model(s). There are four primary models and one secondary model available for consideration. The primary models are:
 - Early Head Start – Home Based
 - Healthy Families Illinois
 - Nurse-Family Partnership
 - Parents As Teachers

There is one secondary model of home visitation that may be added along with one of the primary models. The secondary model is:

Healthy Steps for Children

Healthy Steps for Children is based in a medical practice that specializes in family or pediatric medicine. Communities that wish to implement Healthy Steps must secure the

commitment of one or more family practice or pediatric physician offices to implement this approach.

Additional information about each of the models may be accessed through their respective web sites:

<http://www.ehsnrc.org/PDFfiles/EHS-Home-AdminChk.pdf>
<http://www.healthyfamiliesamerica.org/home/index.shtml>
<http://www.healthysteps.org/>
<http://www.nursefamilypartnership.org/>
<http://www.parentsasteachers.org/>

The federal legislation which created MIECHVP and the Illinois Home Visiting Task Force are strongly committed to implementing these programs with fidelity to national program standards. This will result in close, frequent monitoring of program implementation and the collection and submission of additional data on program operation and the outcomes for participating families. The federal legislation identifies six “benchmarks” against which local programs and states will be measured by the federal government. Each benchmark has been further defined through a number of constructs. Substantial progress must be made in four of the six benchmark areas in the first three years of the initiative. In the future, additional federal funds for MIECHVP will be allocated competitively among the states based on fidelity in model implementation and demonstrated progress in several benchmarks. The benchmark areas are:

1. Improvements in prenatal, maternal, and newborn health, including pregnancy outcomes;
2. Improvements in child health and development, including the prevention of child injuries and maltreatment and improvements in cognitive, language, social-emotional, and physical developmental indicators;
3. Improvements in school readiness and child academic achievement;
4. Reductions in crime or domestic violence;
5. Improvements in family economic self-sufficiency; and
6. Improvements in the coordination of referrals for, and the provision of, other community resources and supports for eligible families, consistent with State child welfare agency training.

Additional information about the constructs that will be measured as the operational definition of each benchmark may be found in Appendix D of the Supplemental Information Request issued to states, which may be found at:

<http://www.earlychildhood.illinois.gov> or

<http://www.hrsa.gov/grants/manage/homevisiting/sir02082011.pdf>

Additional information on the effectiveness of each home visiting model with regard to the “benchmarks” established in the authorizing legislation, please visit the Home Visiting Evidence of Effectiveness web site:

<http://homvee.acf.hhs.gov/programs.aspx>

3. A coordinated network of early childhood services. Communities are encouraged to build upon an existing collaborative body for this purpose. The Task Force can also provide technical assistance to interested communities in the development of a coordinated network.